

# Arogini Blood

---

## Blood Requestor Details

Patient Name : szc

Contact Name : sasa

Phone Number : 1234

Email-ID : vagdevikandukuri18@gmail.com

Blood Group : A+

City : fgsg

Doctor Name : sgdsg

Gender : sfs

Hospital Details : dgd

Required Date :

## Donor Details

Donor Name : sfdd

Date of Birth : 2023-09-06

Blood Group : A+

Address : xfds

Contact Number :

City : Roorkee

Email-ID : vagdevikandukuri18@gmail.com

Gender : M

State : UT